

White Cross Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: This service provides personal care to people living at home. This included older people and younger adults some of whom were living with dementia, learning disabilities and mental health illness. There were 20 people receiving personal care.

People's experience of using this service:

People and their relatives told us "The introduction to my mother's care was excellent and care of very good quality since commencing." "The carers are always polite, well mannered and caring." "We know that we can count on White cross care staff and to help." "White cross care have been looking after my relative for a few years now and the standard of care is excellent."

People told us they felt safe with staff. Staff were trained to safeguard people and understood how to protect people from harm.

Medicines were administered safely by trained staff.

People's needs were assessed and written in a care plan. The care plans were consistently updated. People told us that staff were caring towards them.

The care offered was inclusive and based on policies about Equality, Diversity and Human Rights.

Staff were aware of their responsibility to assist people to maintain their health and wellbeing.

People told us they were listened to by the management of the service. A system of responding to complaints was in place.

Background checks were made on new staff and staff were supervised to maintain the standards of care. Staff were deployed in the right numbers to meet people's needs and choices.

Staff received a training ongoing training based on people's needs.

Systems were in place so that incidents and accidents were investigated reduce the risks of these happening again.

Management systems were in use to minimise the risks from the spread of infection. For example, staff were provided with disposable gloves.

People, their relatives and staff had the opportunity to share their views about the service.

The service could continue to run in the event of emergencies arising so that people's care would continue.

The service was not providing end of life care at the time of this inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Rating at last inspection:

At our last inspection on 21 September 2016, (The last inspection report was published on 06 September 2016), we gave the service a 'Good' rating. At this inspection in March 2019 the overall rating of the service has been maintained as 'Good'.

Why we inspected:

This was a comprehensive inspection scheduled based on the previous rating.

Follow up:

We will continue to monitor the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was Well Led

Details are in our Well Led findings below

Good ●

White Cross Care Ltd

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector. We started the inspection on 21 March 2019 at the registered office. We made telephone calls to people who had consented to this on 04 April 2019.

Service and service type:

This service is a domiciliary care agency that provides care services to people in their own homes. Not everyone using the service receives a regulated activity of 'personal care.' CQC only inspects the service being received by people provided with 'personal care'.

The service had a registered manager in post. This means that they are registered with the Care Quality Commission and with the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We also looked at information sent to us by the registered manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information from four people's care plans. We also looked at a variety of different sources of information relating to people, such as; risk assessments. In addition, we looked at; feedback surveys, staff rotas, training records, recruitment files, medicine administration records, complaints and accident logs.

We gathered people's experiences of the service by telephoning them. We received feedback from two people. We also spoke with the registered manager and two members of staff. We asked for feedback from four external health care professionals about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- There were no safeguarding concerns about this service.
- People told us that they felt safe. One person said, "I definitely feel safe with staff."
- Staff received training about their responsibilities to safeguard people and what constituted abuse. Staff told us what signs they look out for and felt confident the management team would listen and act on any concerns they raised.
- The service operated a 24 hours on call service for people to access offering advice and support out of office hours.

Assessing risk, safety monitoring and management:

- Risks to individual people were assessed, recorded and minimised. Risk assessments informed staff what the risks were and what actions to take to minimise them. For example, for one person a moving and handling risk assessment was in place with a step by step guide for staff to follow.
- Risk assessments did not limit people's rights to choice and independence.
- General risks were assessed and potential hazards in people's homes were assessed. For example, lighting and working space. There was guidance and procedures for staff about what actions to take in relation to health and safety matters.

Staffing and recruitment:

- Staff were provided to people based on their needs on an individual basis. Where people needed specialist moving and handling care two staff were provided. Records showed that staff arrived for care calls and that staffing hours were matched to people's agreed contracted hours. There was no evidence that calls were missed.
- Back-up staffing was provided through an in house overtime. The registered manager helped cover when needed. For example, annual leave.
- Staff were recruited safely. Staff confirmed the process had been followed. Applicants were interviewed, had references, and work histories were recorded. They had been checked against the Disclosure and Barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Using medicines safely:

- The use of medicines continued to be assessed and managed safely. Not all people required staff to administer medicines.
- Where it was stated in a care plan that staff were involved in the administration of medicines, this was fully risk assessed. People told us that their medicines were managed safely by staff.

- Medicines were administered by staff with specialist training in this area.
- Staff followed the provider's medicines policy. If staff administered medicines a formal administration record was kept. This evidenced that medicines were given as prescribed.
- The registered manager audited medicines records to check staff were administering them correctly. Staff underwent observed competency checks when administering medicines to confirm their knowledge and practice.

Preventing and controlling infection:

- Staff received infection control training.
- Staff confirmed how they maintained hygiene by using equipment such as disposable gloves, aprons and good hand washing practice.

Learning lessons when things go wrong:

- Policies about dealing with incidents and accidents were in place to minimise harm and continued to be effective.
- A system was in place for the investigation of incidents to reduce the risk of them reoccurring.
- There had been no reportable incidents since the last inspection that required any changes in people's care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People received the care they had been assessed for. One person said, "The staff know what they are doing." A relative said, "I have never ever had the excellent support as that received from White Cross (for meeting relative's needs)."
- Assessments included information and guidance about the person's physical and mental health needs.
- The registered manager assessed people individually and told us how they took account of people's protected characteristics under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation or religion.

Staff support: induction, training, skills and experience:

- People told us that staff had the knowledge and skills to support them.
- Staff training and inductions were tailored to people's needs.
- The registered manager held a current training qualification. They were able to teach staff skills in key areas such as moving people safely (manual handling).
- Formal on-going training was provided to staff to improve their skills and understanding of people's needs and how to deliver care.
- New staff underwent an induction programme followed by a period of shadowing before they were able to work with people alone.
- Staff told us that they felt supported by the registered manager. Staff training and supervisions continued to be managed for effective care delivery. Evidence showed that staff training had been completed.
- The registered manager also facilitated staff meetings, which were used by staff to discuss health and social care changes and issues or challenges they may face in their work.

Supporting people to eat and drink enough to maintain a balanced diet:

- Not everyone required support with preparing foods and drinks. People either had the skills to do this independently or they were supported with this by their relatives. Where people asked for staff to support their food preparation, this was supported by staff.
- Food hygiene training was provided to staff.
- Staff had been trained in nutrition and hydration so that they had the skills to advise, guide and support individuals with their eating and drinking care needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- People's health and wellbeing was maintained and reviewed in partnership with external health services. For example, the staff worked closely with Community Nursing teams when people had conditions such as diabetes or epilepsy. A relative said, "The carers are very quick to notice if my relative is becoming unwell this has happened on a number of occasions and once again the procedure of emergency care and notified to myself or my brother is always very quick."

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- When people's capacity was in question, for more complex decisions the registered manager worked with the care management team to assist people to make best interest help people make decisions. For example, for complex health care and dental extractions. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection. At the time of the inspection no-one was subject to an order of the Court of Protection.
- Staff had a good understanding of the MCA and issues around capacity and consent. Staff told us they respected people's opinions and choices, whatever they were.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People felt that staff treated them with care, respect and kindness. One person said, "All staff are friendly." A relative said, "The whole team are organised, good at communication which alleviates a lot of issues when dealing with my elderly relative and the care has been faultless." Another relative said, "The carers are always polite, well mannered and caring."
- Policies set out the staffs' approach to dignity, equality, diversity and human rights.
- Staff we spoke with told us how they delivered care respectfully.
- People told us that staff actively engaged with them, for example, asking how people were and talking to people whilst care was provided. Staff understood how to support people to make everyday choices.

Supporting people to express their views and be involved in making decisions about their care:

- People had full control over how they wanted to be supported. The registered manager involved people and their family members in the process when assessing people's needs and planning their care.
- People had care plans which described their individual communication needs and preferences. Guidance was given for staff on how people's communication needs should be supported and promoted.
- People were given information about access to advocacy services, which help people by enabling them to explore and voice their opinions. Advocates are independent people who help people to express their views and wishes and help them to stand up for their rights.

Respecting and promoting people's privacy, dignity and independence:

- People told us that staff respected their privacy and maintained their dignity.
- Records were returned to the office and stored securely.

The registered manager followed the General Data Protection Regulations 2018. A new law on data protection and privacy for all individuals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care staff had consulted with each person, their relatives and healthcare professionals about the care to be provided and had recorded the results in an individual care plan. A relative said, "We have a very good relationship with the registered manager, who is always helpful if we need to swap or cancel visits."
- The care plans were being regularly reviewed by care staff so they accurately reflected people's changing needs and wishes.
- People told us that the care staff met their care needs.
- Equality and diversity was promoted through the providers policies and procedure. Staff confirmed they had access to and understood these policies.
- Care staff had received training and guidance in respecting the choices people made about their lifestyles. This included people who were lesbian, gay, bisexual, transgender and intersex.
- The provider met the principals of the accessible information standards 2016 (AIS). AIS applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. When people were assessed, their communication needs were considered. For example, a person with a learning disability had a pictorial care plan.

Improving care quality in response to complaints or concerns:

- People told us that they felt confident raising any concerns or complaints.
- How to make a complaint was shared with people and their relatives.
- The complaints policy informed people about external organisations such as the local government ombudsman if they were not satisfied with how their complaint was handled.
- There were no open complaints at the time of this inspection.

End of life care and support:

- The registered manager understood their responsibility to ask people about their end of life preferences. At the time of this inspection no end of life care was being provided.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- A relative said, "We would highly recommend White Cross Care." Another relative said, "I would not hesitate in recommending them (White Cross Care) as a Care Agency."
- The provider had a statement of purpose which set out their vision and values for the service. This was available to people and staff if they wanted a copy.
- Staff told us they thought the culture at the service was transparent and open, and senior staff were available if they had queries or concerns.
- People using the service said the service was well led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager understood when to submit notifications to Care Quality Commission.
- It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating on their website and within their offices, which were accessible to the public.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The views of people, their relatives and staff were gathered in order to help improve the service. All people who recently fed back gave the service a 10 out of 10 rating. Comments included, 'Very happy with my carers, they go the extra mile.' 'Carers are very caring, I like them.' 'Wonderful staff team, cared for Dad, compassionate and extremely good care for my father, credit to White Cross.'
- The registered manager carried out a number of audits and checks to make sure a safe and effective service was provided. We noted that they had already corrected an issue where staff had not fully completed a person's care records.

Continuous learning and improving care:

- Policies and procedures governing the standards of care in the service were kept up to date, taking into account new legislation. For example, the management had worked to make sure that they implemented the new General Data Protection Regulation that came into force in May 2018.
- Staff meetings were held and staff told us they were able to speak out if they wanted to.
- Staff felt they were well supported by the management team.

Working in partnership with others:

- Staff worked closely with health and social care professionals. When people needed specialist support, referrals were made without delay and specialist guidance was cascaded to staff and used to provide people with the most appropriate support for their needs.